



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE

BOARD OF MANUFACTURED HOME INSTALLATION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR ORIGINAL INSTALLER LICENSE INSTRUCTION SHEET

When to File

File this application if you are applying for an original license as a Manufactured Home Installer. If you hold a *current* license as a manufactured home installer in another jurisdiction (state, U.S. territory, District of Columbia), see [applying by reciprocity](#).

Certification Course

To qualify for a license, you must successfully complete a 15-hour Board-approved certification course. See [Manufactured Home Installation Online Training](#).

Requirements for All Applications

The following are required for all original licensure applications.

- ☐ Submit completed, signed and notarized *Application for Original Manufactured Home Installer License*.
- ☐ Enclose non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
- ☐ Enclose a copy of your birth certificate, passport, an identification card or driver's license issued by the State of Delaware showing that you are at least 18 years old.
- ☐ Arrange for the Board office to receive verification that you have successfully passed the [certification course](#), sent *directly* to the Board office from the course provider.
- ☐ If your name is different on any submitted documents, provide a copy of a legal document showing your name change.
- ☐ Arrange for the Board office to receive proof that you or your employer hold a surety bond or irrevocable letter of credit for at least \$10,000, sent *directly* to the Board office from the bond company.
 - Your name must be shown on the bond or letter.
 - If a letter of credit is submitted, it must be issued by a federally-insured financial institution.
 - If a bond is submitted, the Division of Professional Regulation must be listed as the bond holder.
- ☐ Arrange for the Board office to receive proof of liability insurance in the amount of at least \$100,000, sent *directly* to the Board office from the insurance company. Your name must be listed on the liability insurance documentation.
- ☐ If you have ever held a license or certificate as a Manufactured Home Installer in another jurisdiction (state, U.S. territory or District of Columbia), arrange for the Board office to receive letters of good standing from all jurisdictions where you have ever been licensed, sent *directly* from each jurisdiction to the Board office.
- ☐ If you have never been issued a United States Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
 - *The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants:* Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

When it is complete, your application will be reviewed. The Board office will notify you when you have been approved to take the certification examination.

Reporting Requirements

The person or entity who maintain the surety bond or irrevocable letter of credit or who maintains the liability insurance is responsible for all acts or omissions of the licensed installer and also those supervised by the installer or assisting the installer in the installation of manufactured housing.

As a licensed installer, you must notify the Board in writing, within seven days if any of the following occurs:

- The surety bond or irrevocable letter of credit changes or is cancelled.
- The liability insurance changes or is cancelled.

In addition, the employer must notify the Board if he/she terminates the employment of any licensee who is covered by the employer's liability insurance or by the employer's surety bond or irrevocable letter of credit.



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE

BOARD OF MANUFACTURED HOME INSTALLATION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR ORIGINAL INSTALLER LICENSE

IDENTIFYING AND CONTACT INFORMATION

1. Full Name: _____
Last First Middle

2. Other Names Used: _____
(Include maiden, prior married, alternate spellings)

If your name is different on any submitted documents, provide a copy of a legal document showing your name change.

3. Date of Birth (month/day/year): _____ Gender: Male ☐ Female ☐

Enclose certified copy of your birth certificate, a passport, an identification card issued by the State of Delaware or a Delaware driver's license.

4. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

5. Mailing Address: _____

City State Zip

6. Phone: _____ Email: _____ ☐ None
Home Work or Cell

CERTIFICATION COURSE

7. Enter the following information about the certification course you attended:

Name: _____ Date Completed: _____

Arrange for verification of course completion to be sent *directly* from the course provider to the Board office.

LICENSURE/CERTIFICATION HISTORY

8. Have you ever held a license or certificate as a Manufactured Home Installer in another jurisdiction (state, U.S. territory or District of Columbia)? Yes ☐ No ☐ If yes, enter the following about each Manufactured Home Installer license or certificate you have ever held:

JURISDICTION	TYPE OF LICENSE (e.g., Installer)	LICENSE NUMBER	IS THIS LICENSE CURRENT?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Arrange for the Board office to receive letters of good standing from each jurisdiction listed above, sent *directly* from each jurisdiction to the Board office.

EMPLOYMENT INFORMATION

9. Enter the following information about your employer:

Employer Name: _____

Address: _____
Street

City State Zip

INFORMATION ABOUT SURETY BOND, LETTER OF CREDIT, AND LIABILITY INSURANCE

10. Check which you are submitting:

☐ Surety Bond – Continue with Question 11. ☐ Irrevocable Letter of Credit – Skip to Question 12.

11. Enter the following information about your surety bond company:

Company Name: _____

Address: _____
Street

City State Zip

Arrange for a surety bond in the amount of at least \$10,000 to be sent *directly* from the bond company to the Board office. See Instructions for further information about what the bond must show.

12. Enter the following information about your irrevocable letter of credit:

Issuing Financial Institution: _____

Address: _____
Street

City State Zip

Arrange for an irrevocable letter of credit in the amount of at least \$10,000 to be sent *directly* from the federally-insured financial institution to the Board office. See Instructions for further information about what the letter of credit must show.

13. Enter the following information about your liability insurance company:

Company Name: _____

Address: _____
Street

City State Zip

Arrange for proof of liability insurance in the amount of at least \$100,000 to be sent *directly* from the insurance company to the Board office.

14. Do you agree to notify the Board, in writing, within seven days if the surety bond or irrevocable letter of credit changes or is cancelled or if the liability insurance changes or is cancelled? Yes ☐ No ☐

DISCLOSURES

15. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any offense in which you have received a pardon, in any jurisdiction? Yes ☐ No ☐ **If yes, submit a detailed explanation. Also, submit a certified copy of your criminal history record from *each* jurisdiction where you have been convicted or pardoned. If you have a Delaware criminal history, see [State Bureau of Identification](#) for information on obtaining the record.**

16. Are any criminal charges pending against you in any jurisdiction? Yes ☐ No ☐ **If yes, submit a certified copy of your criminal history record.**

17. Have you ever had your professional license or certificate disciplined (including but not limited to consent agreements, fine, probation, suspension or revocation?) Yes ☐ No ☐ **If yes, submit a letter giving a complete explanation.**
18. Has any jurisdiction rejected your application or revoked your professional license or certificate? Yes ☐ No ☐ **If yes, submit a letter giving a complete explanation.**
19. Are any complaints or disciplinary actions pending against you in any jurisdiction? Yes ☐ No ☐ **If yes, submit a letter giving a complete explanation. Include copies of all records.**

To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- **Completed, signed and notarized application form**
- **Fee payment**
- **All required supporting documentation.**

Applications that are not complete within 12 months of filing may be considered abandoned and discarded. Please note: When your application is complete, please allow 4-6 weeks to receive your permit.

AFFIDAVIT

The undersigned, having first been duly sworn (or affirms) according to law, states that he/she is the person who completed this application and signs this affidavit, that the statements contained in the application are true, that he/she has not suppressed any information that might affect this application, that he/she understands that participating or cooperating in fraud or material deception in order to be licensed could result in the denial or revocation of the application or license and mandatory report of such actions to the Attorney General for further action, and that he/she has read and understands this affidavit.

I agree to be responsible for all acts or omissions of any individual acting under my supervision while assisting in the installation of manufactured housing.

APPLICANT SIGNATURE: _____ Date: _____

State of _____ County or City of _____

Sworn and subscribed to before me this _____ day of _____, 2_____

Notary Public: _____

SEAL

My commission expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED FEE WILL BE REJECTED.